

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10812636 03/29/01

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51		/				
52		/				
53		/				
54	/					
55	/					
56		2				
57		2				
58		2				
59		2				
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100						
TOTAL IND.	10					
TOTAL DEP.	58					
TOTAL CLAIMS	68					